State of Florida
Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS
POST OFFICE BOX 210
JACKSONVILLE, FLORIDA 32201

# Report of LEGAL CHANGE OF NAME

Docket or File Number _____

County _____ Date of Court Order _____

NEW NAME OF PETITIONER _____

Name of Petitioner at Birth _____

Date of Birth of Petitioner _____
(Month) (Day) (Year)

Place of Birth of Petitioner _____
(City or Town) (County) (State)

Name of Father of Petitioner _____

Maiden Name of Mother of Petitioner _____

Residence Address of Petitioner _____

Signed and Sealed by _____ Date _____
(Clerk of Circuit Court)

V.S. #190

**INSTRUCTIONS**

Clerk of Circuit Court shall prepare separate report for each person whose name has been legally changed and forward to the State Registrar of Vital Statistics, Jacksonville, Florida.